

USAMTS Cover Sheet

Round ____ Year 15 (Academic Year 2003-2004)

Last Name		FirstName		Grade	State
I certify these solutions are my own work:		(Optional) I give permission for my name, school grade, and state to be listed on the NSA/USAMTS web site.			
Signature:_____		Signature:_____ Parent Signature:_____			
Control Number (if known)	Place check mark if note of inquiry enclosed: <input type="checkbox"/>	Brief response by USAMTS Director:			

Do not write below this line.

Comments on Problem 1	Score
	Commended
Comments on Problem 2	Score
	Commended
Comments on Problem 3	Score
	Commended
Comments on Problem 4	Score
	Commended
Comments on Problem 5	Score
	Commended

PRIVACY ACT STATEMENT: The authority for requesting the information on this form is contained in 5 U.S.C. 1601 to 1616; 10 U.S.C. 2193a; and 50 U.S.C. 402 note. Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) as well as the specific uses enumerated in GNSA 03 apply to this information. The information will be used to administer the USAMTS. Provision of the information requested is voluntary.